

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33968

State File No. 31

SEP 29 1952

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4315		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>46 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print), <u>Ernest Edward Tipton</u>		a. (First) <u>Ernest</u> c. (Last) <u>Tipton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-21-1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-7-1906</u>	
9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>		11. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>14</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>							
13a. FATHER'S NAME <u>Walter Tipton</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Hollon</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Tipton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>356-03-0240</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Tipton</u> ADDRESS <u>Milan Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial insufficiency</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>minutes known few hrs</u>							
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypotension</u> DUE TO (c) <u>fatigue & debility</u>							
2. OTHER SIGNIFICANT CONDITIONS <u>unspecified gastrointestinal path.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic alcoholism</u>							
19a. DATE OF OPERATION							
19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>18</u> , to <u>19</u> , that I last saw the deceased alive on <u>9-22</u> , 19 <u>52</u> , and that death occurred at <u>4 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph H. Proctor DO</u>				23b. ADDRESS <u>217 E. Second St., Milan</u>		23c. DATE SIGNED <u>9-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 25-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Scioyey</u>		ADDRESS <u>Milan Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1953

APR 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Dwight Schenck

Licensed Embalmer No. 2667

P. O. Address

Winton Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

State of Missouri

BUREAU OF VITAL STATISTICS

State File No. _____

County of Sullivan

SS.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this 6th day of April, 1953, before me appears _____Olive G. Tipton, who, upon her oath, states that the original record of ~~birth~~ deathfor Ernest Edward Tipton, died Sept. 21st, 1952, in the State ofMissouri, and which was filed at Jefferson City, Mo. on Sept. 25, 1952, should be corrected as follows:Item No. 3 should read Ernest Edward TiptonInstead of Edward Earnest TiptonItem No. 14 should read Olive G. TiptonInstead of Ollie (Price) Tipton

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Olive G. Tipton Widow

Relationship.

Milan, Mo.

Present Address.

Subscribed and sworn to before me this 6th day of April, 1953My Commission expires Dec. 5th 1953Sam J. Shultz Notary Public.

Susp - 33968